

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>THE CONSERVATIVE STRIKEFORCE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00457291         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <span style="margin-left: 20px;"><input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on</span>			
		<div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M M / D D D / Y Y Y Y Y Y            07 / 02 / 2014         </div>	

Full Name of Payee <b>ACTIVE ENGAGEMENT LLC</b>			Date of Public Distribution/Dissemination		
Mailing Address 44084 RIVERSIDE PKWY SUITE 350			<div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M M / D D D / Y Y Y Y Y Y            07 / 01 / 2014         </div>		
City LANSDOWNE	State VA	Zip Code 20176	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</div>		
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL WEEKS		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : SE.82036 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M M / D D D / Y Y Y Y Y Y            07 / 15 / 2014         </div>		
Name of Federal Candidate THOM R TILLIS			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">12677.99</div>					

Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			<div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M M / D D D / Y Y Y Y Y Y         </div>		
City	State	Zip Code	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Purpose of Expenditure		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M M / D D D / Y Y Y Y Y Y         </div>		
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>					

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2015

Signature